

# Bulletin

# Michigan Department of Community Health

Bulletin Number: MSA 06-34

**Distribution:** Medical Suppliers, Home Health Agencies and Pharmacy

**Issued:** May 22, 2006

Subject: Clarification on Medicaid's Coverage of Home Infusion Services Associated

with Administration of Medicare Part D Drug(s) to Dually Eligible Medicaid and

Medicare Beneficiaries

Effective: Upon Receipt

Programs Affected: Medicaid

The purpose of this bulletin is to provide clarification on Medicaid's coverage of home infusion services rendered by providers in conjunction with the administration of Medicare Part D drug(s) to dually eligible Medicaid and Medicare beneficiaries (dual eligibles).

#### **Medical Suppliers**

Medicaid will reimburse claims for medical supplies and/or equipment (e.g., IV poles, tubing) associated with the administration of Medicare Part D drug(s) to the dual eligibles (except for those dual eligibles who reside in a nursing facility setting) for home infusion therapy. Refer to the Medical Supplier Section in the Pharmacy Chapter of the Michigan Medicaid Provider Manual for additional information.

## **Home Health Agency**

Medicaid will reimburse claims for professional services (e.g., nursing services) associated with the administration of Medicare Part D drug(s) for home infusion therapy to the dual eligibles.

## **Pharmacy**

Medicaid cannot reimburse the dispensing fee(s) or ingredient cost(s) of Medicare Part D drug(s) used in home infusion therapy for dual eligibles. If a pharmacy provider **chooses not** to participate in any of the pharmacy networks of the Medicare Part D plans, Medicaid **cannot** reimburse the dispensing fee(s) or ingredient cost(s) of Medicare Part D drug(s) (e.g., IV antibiotic) administered to the dual eligibles for home infusion therapy due to federal law.

#### **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at <a href="mailto:ProviderSupport@michigan.gov">ProviderSupport@michigan.gov</a>. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

**Approved** 

Susan Moran, Acting Deputy Director Medical Services Administration

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